

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Michael Nelson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7127865578 ext .
<039>	Contact Email Address: Email of the person identified in data line <030>	mnelson@westelsystems.com
Form Type		54.313 and 54.422

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371563
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

371563ne112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm

that the attached document(s), on line 112, contains a progress report on its five-year

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

Yes
Yes
Yes
Yes
Yes
Yes

<039> Contact Email Address - Email Address of person identified in data line <030> mnelson@westelsystems.com

No

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<300> Unfulfilled service request (voice)	0
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<310> Detail on attempts (voice)	Name of Attached Document
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<320> Unfulfilled service request (broadband)	0
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<330> Detail on attempts (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	371563
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		371563ne510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	371563ne610.pdf

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 371563

<015>	Study Area Name	HOOPER TEL CO
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<020>	Program Year	2017
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<030> Contact Name - Person USAC should contact regarding this data Michael Nelson

<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
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<711>

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<810>	Reporting Carrier	Hooper Telephone Company
<811>	Holding Company	West Iowa Telephone Company
<812>	Operating Company	Hooper Telephone Company

[illegible]

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mmnelson@westelsystems.com
<900>	Does the filing entity offer tribal land services? (Y/N)	No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes

to confirm the status described on the attached document(s), on line 920,
demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

[illegible]

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	371563ne1010.pdf
		_____ Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	371563ne1030.pdf
		_____ Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 khns

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	371563
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

371563ne1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to 6 54 422(a)(7) annual reporting for ETCs receiving low-income support carriers

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371563
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<039> Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	<input style="width: 100px; height: 20px;" type="text"/>	
<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 190px; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 190px; height: 60px;" type="text"/>
<2025A> Round 1 or Round 2 Recipient of Incremental Support?		
<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	<input style="width: 190px; height: 60px;" type="text"/>
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		<input style="width: 100px; height: 20px;" type="text"/>

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> cap carrier used for capital expenditures in 2015.
Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input checked="" type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or	<input checked="" type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	_____
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	_____
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	_____
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**Certification - Reporting Carrier
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates, LLP.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Kiesling Associates, LLP.
Name of Reporting Carrier:	HOOPER TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/08/2016
Printed name of Authorized Officer:	Robert Gannon
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	7127865572 ext.
Study Area Code of Reporting Carrier:	371563 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	HOOPER TEL CO
Name of Authorized Agent Firm:	Kiesling Associates, LLP.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/08/2016
Name of Authorized Agent Employee:	Cheryl Clauson
Title or position of Authorized Agent or Employee of Agent	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	5152230159 ext.
Study Area Code of Reporting Carrier:	371563 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

47 CFR §54.313(a)(5) requires an ETC to certify that it is complying with applicable service quality standards and consumer protection rules. Hooper Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2). Hooper Telephone Company's network is designed to remain functional in emergency situation. Hooper Telephone Company has a reasonable amount of back-up power to provide functionality without an external power source and, in many areas has the ability to reroute traffic around damaged facilities and manage traffic spikes resulting from an emergency situation. Hooper Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<703>

[illegible]

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
<810>	Reporting Carrier	Hooper Telephone Company
<811>	Holding Company	West Iowa Telephone Company
<812>	Operating Company	Hooper Telephone Company

[illegible]

FCC Form 481, Line 1010: Voice Services Rate Comparability

As of January 1, 2016, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service (\$47.48), as published annually by the Wireline Competition Bureau.

FCC Form 481, Line 1030: Broadband Comparability Compliance

As of January 1, 2016, the ETC's pricing of broadband service (reported on line 711 of this filing) meets the reasonable comparability broadband benchmark, as published annually by the Wireline Competition Bureau.

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

A. The Nebraska Telephone Assistance Program (NTAP) is part of a national program (called Lifeline) designed to promote universal service for low-income households.

B. NTAP provides for qualifying low-income consumers to pay reduced monthly charges. NTAP monthly service reductions include:

- 1) Federal Lifeline Support Credit of \$9.25 (includes Federal End User Common Line Credit of \$6.50 and remainder \$2.75 credit covers basic service.
- 2) A monthly reduction off the local service charges in the amount of \$3.50 from the Nebraska Universal Service Fund.

C. The following eligibility requirements apply:

A consumer's household income must be at or below 135 per (N)
of the Federal Poverty Guidelines; or (N)

The consumer, one or more of the consumer's dependents, (T)
or the consumer's household must receive benefits from |
one of the following federal assistance programs: (T)

- 1) Medicaid,
- 2) Supplemental Nutrition Assistance Program (SNAP), (T)
f/k/a Food Stamps,
- 3) Supplemental Security Income (SSI),
- 4) Federal Public Housing Assistance,
- 5) Low Income Home Energy Assistance Program (LIHEAP),
- 6) National School Lunch Program's Free Lunch Program, (N)
- 7) Temporary Assistance for Needy Families (TANF), or (N)
- 8) Have a child who participates in the Children's Health (T)
Insurance programs (SAM, MAC, E-MAC, and Kids Connection) (T)

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

- D. NTAP services include: (C)
- 1) voice grade access to the public switched network |
 - 2) local usage at no additional charge |
 - 3) access to emergency services |
 - 4) toll limitation services (C)

E. Toll limitation service, in the form of toll blocking, offered to qualifying consumers at no charge.

F. No service deposit will be collected in order to initiate NTAP service, if the qualifying low-income consumer voluntarily elects toll blocking. If the qualifying low-income consumer does not voluntarily elect toll blocking, a service deposit may apply.

G. An NTAP customer's local service will not be disconnected for non-payment of toll charges; however, an NTAP customer's toll service may be disconnected for non-payment of toll charges.

H. An NTAP customer's local service will not be disconnected for non-payment of local service charges until sixty (60) days after all NTAP credits due for a particular billing period have been fully applied to any billed amounts for that particular billing period.

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION AND CERTIFICATION FORM

2-2014

(If you live on Tribal land, **DO NOT** use this application. Contact your local phone company for a Tribal land discount.)

APPLICANT INSTRUCTIONS: In order to be approved to receive assistance on your phone bill you must complete and sign this application. Read this application completely (**Front and Back**), answer all questions on this form, provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509**. Have Questions: Call 1-800-526-0017 or in Lincoln, 402-471-3101

Applicant's complete Social Security Number: _____ - _____ - _____

United States Citizenship Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States

----OR----

☐ I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: My alien number is: _____ and I agree to provide a copy of my USCIS documentation upon request.

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

Please list all members of your household including applicant.

First Name	MI	Last Name	Social Security Number	Date of Birth (Month/Day/Year)

******PLEASE NOTE: THIS APPLICATION IS PRINTED FRONT AND BACK. REMEMBER TO DOUBLE CHECK EACH SIDE TO MAKE SURE YOUR APPLICATION IS COMPLETE******

Nebraska Telephone Assistance Program (NTAP) Applicant Information-Please Print

Applicant Name: Last _____ First _____ MI _____

Last 4 digits of Applicant's Social Security Number: _____ Applicant's Date of Birth: ____/____/____

Street Address of where you live (This cannot be a PO Box):

Street: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Please check one: Is the address listed above: ☐ Temporary ☐ Permanent

Mailing Address: **ONLY** if different from the address you listed above. This can be a PO Box.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

There are _____ members in my household including applicant.

Is there more than one household at the address you listed above? Check ☐ NO or ☐ YES

****Note: please read definition of household above. Household does not include others living at apartment complex, nursing home or assisted living building, only those at your specific address.**

PHONE INFORMATION ***PLEASE NOTE*** Not all companies offer NTAP in all coverage areas.

Name of My Phone Company: _____

My Phone Number is: (____) _____

Customer Name on Phone Bill: _____

****Please Note: the phone bill must be in or contain the applicant's name**

OR mark that you do not currently have phone service

_____ I do not currently have phone service

ELIGIBILITY REQUIREMENTS: ELIGIBLE PROGRAMS-Mark the box next to which program(s) you currently receive. If requested please send documentation showing your current participation. If you are not on one of the programs below, you may still be eligible for NTAP based on your income. Please see section below for income guidelines. You do not have to meet both program and income guidelines to be eligible.

- ☐ Medicaid-**No Proof Needed**
- ☐ Low-Income Home Energy Assistance (LIHEAP) -**No Proof Needed**
- ☐ Supplemental Nutrition Assistance Program (SNAP)-**No Proof Needed**
- ☐ Temporary Assistance for Needy Families (TANF)-**No Proof Needed**
- ☐ Kids Connection (SAM, MAC or EMAC)-**No Proof Needed**
- ☐ Federal Public Housing-**Complete section of form titled "Housing Authority Personnel Please Note" on last page**
- ☐ National School Lunch Program **Free Lunch Program-Current award letter from school or Call NTAP for form**
- ☐ Supplemental Security Income (SSI)-**Current award letter from Social Security Administration**
- ☐ My income is at or below 135% of the poverty level-**See eligibility guideline section on last page**

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION AND CERTIFICATION FORM

Each of the following statements **MUST** be marked in order to receive phone assistance.

I Certify Under Penalty of Perjury that:

- ☐ I agree to notify my phone provider and complete a new application requesting assistance within 30 days of moving.
- ☐ I understand that if I provided a temporary address above I am required to verify my address every 90 days. I understand that if I fail to respond to address verification, it may result in my being de-enrolled (the credit being removed from my phone account) from NTAP.
- ☐ I understand completion of this application does not constitute immediate acceptance into this program.
- ☐ I understand that I will be required to recertify my information and provide proof of participation in one of the programs listed in the eligibility section of this application or provide proof that my income is currently at or below 135% of the poverty level at any time. I understand that failure to recertify my information and/or provide proof of current participation in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level will result in being de-enrolled (having the credit removed from my phone account) from the program.
- ☐ I understand that NTAP is a non-transferable benefit and that I may not transfer this benefit to any other person.
- ☐ I understand that NTAP is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment (credit being removed) or being barred from the program.
- ☐ I understand that at any time I may be requested to re-certify my continued eligibility and that if I fail to re-certify it will result in me being de-enrolled (credit removed from my account) from NTAP.
- ☐ I understand that if I am receiving more than one NTAP credit or if for any reason I no longer satisfy the criteria outlined in this application to receive NTAP support I will notify my phone company and NTAP within 30 days and that failure to abide by this requirement may result in penalties.
- ☐ I understand that there can only be one supported phone line per household, I have read the definition of household provided above and I understand that if I violate the one supported phone line per household rule it violates the FCC's rules, I will be de-enrolled (credit removed from my account) from NTAP and this violation could result in criminal prosecution by the U.S. Government.
- ☐ I will notify my phone provider and NTAP within 30 days if my household is receiving more than one NTAP benefit or if at the time that I am applying for NTAP assistance another person in my household is already receiving assistance from NTAP. I understand that failure to follow this requirement may result in penalties.
- ☐ I agree to notify NTAP within 30 days of changing my phone number.
- ☐ I agree to notify NTAP and complete a new application requesting assistance if I decide to change my phone provider.
- ☐ I understand that if I am completing this application due to a change of phone providers, it will not result in more than one NTAP supported phone account in my household or I understand that in the future if I change phone providers, this change cannot result in more than one NTAP supported telephone account in my household.
- ☐ I currently participate in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level and I have provided proof of participation or proof of income if required to do so.
- ☐ I understand it is my responsibility to notify the NTAP and my phone company within 30 days after I no longer participate in at least one of the qualifying programs or that my income is no longer at or below 135% of the poverty level and that failure to abide by this requirement may result in penalties.

I hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program. By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

***Applicant or POA Signature**

Date

*** If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included**

NTAP ELIGIBILITY BASED ON INCOME GUIDELINES Do not complete this section if you completed the Program eligibility section above. Income is all income received by all members of a household. This includes, but is not limited to: salary before deductions of taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, workers' compensation benefits, gifts, and lottery winnings.

Household Size	1	2	3	4	For each add'l person
At or below	\$15,755	\$21,236	\$26,717	\$32,198	Add \$5,481

You must provide copies of documentation to show that your annual income is at or below 135% of the poverty level. Below is a list of documents accepted to show proof of income. When submitting documentation, please do not submit a document that is over 1 calendar year old. If possible, please send a copy of the documents you are submitting. Submitted documents will not be returned.

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Military Benefits: Copy of your Veterans, Civil Service, or Military Allotment benefits statement.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.

Household has no income: If your household does not have any income, you are required to submit a written statement which clearly states that your household has no income. Your statement must be signed and dated by you, the applicant and be included with the application you return to NTAP.

PROOF OF FEDERAL HOUSING DOCUMENT: If you are receiving Federal Housing Assistance, please have your local Housing Authority Personnel complete this document. Please return this document to the NTAP department with your completed application.

HOUSING AUTHORITY PERSONNEL PLEASE NOTE:

You are completing this document as verification that the person below is receiving Federal Housing Assistance (HUD, Section 8 or USDA Rural Development). Please complete all the information below.

Tenant Name:

AGENCIES hereby "certify" that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s).

Authorized Signature and Title (Housing Authority Personnel ONLY)

Printed Name of Authorized Personnel

Date

()

Telephone Number

Agency Address

City

State

Zip Code

FCC Form 481, Line 3010: Progress Report on 5 Year Plan – Milestone Certification

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 10Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY